



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-02.0	Subject: INMATES WITH SPECIAL HEALTH NEEDS	
Reference: NCCHC Standards: P-G-01, P-G-02 2014, MSP HS A-08.0 Communication on Inmate Health Needs, MSP HS A-08.1, Housing of Inmates with Mental Disorders, HS G-04.0 Mental Health Services	Page 1 of 2 and 1 attachments	
Effective Date: November 1, 2010	Revised: June 1, 2017	
Signature / Title: /s/ Cindy Hiner / Health Services Manager		
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I. PURPOSE

To develop a proactive program that provides care for special needs patients who require specific medical supervision or multidisciplinary care.

II. DEFINITIONS

Assistive Devices – any device or needed accommodation that aids in daily functioning.

Health Care Request form (HCR) – the form utilized by inmates at MSP to request health care.

Individual Treatment Plan – a series of written statements specifying a patient's particular course of therapy/treatment and the roles of qualified health care professionals in carrying out the plan of care.

Special Needs Committee – a committee which consists of a physician, midlevel providers, nursing staff (including Chronic Care RN, Discharge Planning Nurse), and health care administrators that meet a minimum of two times per month.

Special Needs Patient – a patient with health conditions that require multidisciplinary treatment planning. These conditions might include but are not limited to: adolescence, developmental disability, frail or elderly patients, physical disabilities including vision and hearing, patients with serious mental health disorders (see MSP HS-A-08.1), patients with recent hospitalizations or ER visits and patients receiving end of life/palliative care.

III. PROCEDURES

A. Guidelines

1. Inmates with special needs requiring medical management are identified and referred to the Special Needs Committee by:
 - a. The Chronic Care or Discharge Planning nurse.
 - b. Nursing staff after sick call encounters utilizing the clinic scheduling process.
 - c. Martz Diagnostic and Intake staff during the initial health screening process.
 - d. Security and housing unit staff.
 - e. The designated MSP ADA coordinator
 - f. Mid-level provider referrals.
 - g. Mental health staff
 - h. Physician providers
2. Criteria for special need treatment plans will be determined by the Special Needs Committee.

Procedure No. MSP HS G-02.0	Subject: Inmates with Special Health Needs
Effective Date: November 1, 2010	p.2 of 2

3. The treatment plan will be developed according to diagnosis and relevant criteria that have been agreed upon and implemented by the Special Needs Committee.
4. The treatment plan and assistive devices will be discussed amongst committee participants to coincide with evidence based practice and security guidelines.
5. When requested, security staff, unit managers, mental health staff, and other support staff may be invited to the Special Needs Committee meeting to provide additional information concerning the patient's living conditions and situations in the housing unit.
6. Mental Health staff may utilize the Special Needs Medical Committee for coordination of inmate care as needed. They will refer and communicate with Medical Special Needs Committee as appropriate. Documentation will occur in the form of a treatment plan (see MSP HS G-04.0).

B. Documentation of discussion/plan of care

1. Documentation of committee discussion will be kept in the inmate's permanent medical record under treatments tab.
 - a. The Special Needs Treatment Plan form will be utilized by the Special Needs Committee.
 - b. Documentation under chronic care may also be utilized for those individuals with chronic illness requiring special needs according to *NCCHC Standard P-G-01 Chronic Disease Services*, 2014.
 - c. Special needs will be identified on the patient's master problem list as "Special Needs".
 - d. A running list of Special Needs patients will be collected and maintained by the Chronic Care Nurse and updated as indicated.
2. A pertinent [*Health Status Report \(HSR\) form*](#) will be completed as needed. The original copy will be maintained in the patient's medical chart. The yellow copy will be given to the inmate. The pink copy is for the housing unit staff. HSR's are written and distributed when deemed necessary, and must take into account medical, facility, and security needs (ie. special housing, assistive devices, or security exceptions).

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. ATTACHMENTS

Specials needs treatment plan form

attachment A